

Vinson&Elkins



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April 27, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this paper or fee is being deposited on April 27, 2006, with the United States Postal Service with sufficient postage as first class mail, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.


Signature

Re: U.S. Patent Application Serial No. 10/658,852
Title: *"Method and Apparatus For Obtaining Storage Information From a Transaction Log"*
Attorney Reference: BMC530/4-008CON2US

Dear Sir:

Please find enclosed a copy of the Amendment and Response to Office Action Dated February 28, 2006, and a Fee Transmittal sheet for FY 2006 in connection with the above-referenced application.

Please acknowledge receipt of the enclosed documents by date stamping the enclosed postcard and returning it to this office.

Please charge the \$700.00 fee for the two extra total claims, three extra independent claims, and any additional required fees to Deposit Account No. 22-0365; Attn: BMC530/4-008CON2US.

Very truly yours,



Steven R. Borgman
Reg. No. 33,160

Enclosures

2828452_1.DOC



Appl. No. 10/658,852
Amendment & Response to Office Action of February 28, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ray Cole

Atty. Dkt. No.: BMC530/4-008CON2US

Serial No.: 10/658,852

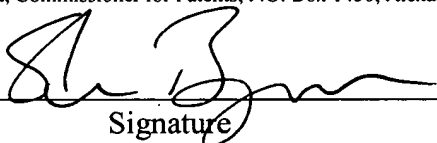
Examiner: Ms. Cam-Y Truong

Filed: September 10, 2003

Group Art Unit: 2162

**Title: METHOD AND APPARATUS FOR OBTAINING STORAGE INFORMATION
FROM A TRANSACTION LOG**

AMENDMENT & RESPONSE TO OFFICE ACTION MAILED FEBRUARY 28, 2006

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| <p style="text-align: center;">CERTIFICATE OF MAILING</p> <p>I hereby certify that this paper or fee is being deposited on <u>April 27, 2006</u>, with the United States Postal Service with sufficient postage as first class mail, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.</p> <p style="text-align: center;"> _____ Signature</p> |
|--|

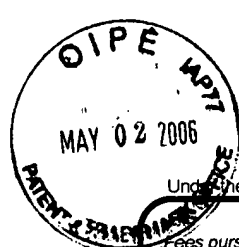
MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This paper is submitted in response to the Non-Final Office Action mailed February 28, 2006, for which the date for response is May 29, 2006.

Applicant hereby requests and authorizes the Commissioner to deduct the \$700.00 fee for two extra total claims, three extra independent claims, and any additional required fees from the Vinson & Elkins L.L.P. Deposit Account No. 22-0365, Attn: BMC530/4-008CON2US. Applicant notes that there were originally 21 claims in the continuation application. At the time of the filing of the continuation application, the fee for one additional claim was paid. The current Response increases the total number of claims to 23 and, therefore, Applicant believes that it is only required to pay for two additional claims in excess of twenty total (in addition to

05/03/2006 ZJUHR1 00000012 220365 10658852

01 FC:1201 600.00 DA
02 FC:1202 100.00 DA



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 700.00**Complete if Known**

| | |
|----------------------|--------------------|
| Application Number | 10/658,852 |
| Filing Date | 09/10/2003 |
| First Named Inventor | Ray Cole |
| Examiner Name | Ms. Cam-Y Truong |
| Art Unit | 2162 |
| Attorney Docket No. | BMC530/4-008CON2US |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 22-0365 Deposit Account Name: Vinson & Elkins L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------------|--------------|-----------|-----------------|
| <u>23</u> - 20 or HP = <u>2</u> | x | <u>50</u> | = <u>100.00</u> |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|-------------------------------|--------------|------------|-----------------|
| <u>6</u> - 3 or HP = <u>3</u> | x | <u>600</u> | = <u>600.00</u> |

HP = highest number of independent claims paid for, if greater than 3.

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
| | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
| | - 100 = | / 50 = | (round up to a whole number) x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

| | | | |
|-------------------|-------------------|--|------------------------|
| Signature | | Registration No. (Attorney/Agent) 33,160 | Telephone 713-758-2002 |
| Name (Print/Type) | Steven R. Borgman | | Date 4/26/2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

the three extra independent claims). Consequently, the enclosed Fee Transmittal sheet reflects that there are: 2 extra claims over the 20 allowed (because the one additional claim was paid for in the original continuation application) and 3 extra independent claims. Should any additional fees be due, please charge them to Vinson & Elkins L.L.P. Deposit Account No. 22-0365, Attn: BMC530/4-008CON2US.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks begin on page 12 of this paper.